

VENDOR UPDATE INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

Department/Organization Name

Use box to indicate special VU handling requirements.
Check applicable items.

| Document ID | | | | | |
|--------------------|------|-------|--------|---------|---|
| Trans VU | Dept | R/Org | Number | VU Date | Action Entry(E) Modify(M) Delete(D) |

Foster Parent -----
Board Member -----
Organ Transplant Recipient-----
State Employee* -----
Landtaking -----
Expedite** -----

| | | | |
|------------------|-------------------|---|--|
| Vendor Code | Misc Vend Ind | Alpha Name Type I= Individual B= Business | |
| Vendor Last Name | Vendor First Name | Vendor MI | |

*: Attach Ethics Commission Waiver.
**:Attach a Memo showing why this VU requires special handling

| | | | |
|----------|------|-------|----------|
| Division | | | |
| Street | City | State | Zip Code |

| | | |
|-------------------|---------|---------|
| Vendor Phone/Ext. | Contact | Account |
|-------------------|---------|---------|

| | | | | | | | |
|----------|--------------|-------------------|---------------------|--------------------|-------------------|-----------|--|
| Comments | | | | Transit Number | | Bank Acct | |
| Acct Typ | Org. Struct. | In State (Y or N) | Non-Profit (Y or N) | Tax. Ind. (Y or N) | Medicare (Y or N) | EFT/ EBT | |

Rejected By: -----
Date Rejected:-----
See attached VU rejection form

Prepared By----- Title:----- Date:-----
Entered By: ----- Title:----- Date:-----

The undersigned authorized signatory approving this document certifies that this document and attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Approved By: ----- Title:----- Date ----- Phone # -----